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## Letters ... To the Editor

Catholic Physicians' Guild

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## Letters . . .

John R. Cavanagh, M.D.  
2825 N. Mayfair Rd.  
Milwaukee, Wisc. 53222

Dear Dr. Cavanagh:

I was very happy to receive your *Linacre Quarterly*; also to have the privilege of asking your advice on Medical/Moral questions. I do have a question — perhaps it pertains more to the field of priestly administration — but I would like to have a consensus of your professional thought.

The latest directive for anointing of the sick suggests that we can anoint those people preparing for *serious* surgery. My question deals with the word "serious."

I have questioned other priests and moralists, and the answers differ as to what is serious.

I am aware that a T & A or appendectomy is not considered serious. One Catholic doctor told me that any time general anesthetics were administered it could be considered serious since the patient could react seriously to the anesthesia more so than the operation.

But to this the moralist answered by saying the effect was "post factum" and could not be anointed until the serious difficulty was present, since the normal operation was not serious.

Looking at the question, however, from a religious/moral standpoint, the new thinking of the anointing of the sick makes special stress of healing. This is to consider "healing of the whole man" — (physical, mental, spiritual). I can see how the operation is a mental stress, an emotional situation, a fear of operations, etc. as well as having a physical malady or the need of a spiritual boost in faith and hope. My thinking is that I would like to anoint *all* surgery cases requiring general anesthesia, because of the new thinking of the Church in "healing of the whole man."

Could I please have the consensus of opinions from some competent men

in the medical and moral field — and perhaps let me know what seems to be the national opinion on this in our Catholic hospitals across the United States.

Sincerely,  
**Rev. Arthur Niemeyer**  
**Hospital Chaplain**  
**St. Clement Hospital**  
**Red Bud, Illinois**

John R. Cavanagh, M.D.  
3225 Garfield Street, N.W.  
Washington, D.C. 20008

Dear Dr. Cavanagh:

I am enclosing a brief paragraph which I think will explain to Father Niemeyer how the word "serious" is to be interpreted in the revised rite of anointing. Reference is always made to the seriousness of the illness. The use of anesthesia is not a criterion in this case since it is used with illnesses that are not serious.

I hope that the enclosed material suffices for your purposes. If I can be of any other assistance do not hesitate to call or write.

### **Anointing Before Surgery**

The revised rite of anointing is clearly depicted as a sacrament for the seriously sick and not necessarily for the dying. In concrete terms, patients undergoing major surgery (thus seriously ill) are to be anointed (*Rite of Anointing*, Introduction, no. 10). Although scrupulosity should be avoided, there should be the presence of serious illness. A prudent or probable judgment regarding the seriousness of the illness should suffice. The new rite (Introduction, no. 8) speaks only of the normal judgment priest and patient will make concerning the seriousness of the illness that requires surgery. Doctors may be consulted.

Yours sincerely in Christ,  
**Rev. Thomas A. Krosnicki, S.V.D.**  
**Associate Director**  
**Bishops' Committee on the Liturgy**  
**1312 Massachusetts Avenue, N.W.**  
**Washington, D.C. 20005**

## Letter from Canada

Times in Canada these years are hectic not only economically and politically but also morally. Our economics are so closely related to our southern neighbor that when the U.S.A. recesses we enter depression. When nationalistic motivation leads to restrictions and tariffs in trade, a silly unrealistic trade war is initiated, with Canada always the loser. However, when Canada checks its oil and gas resources and sees an end to its self-sufficiency, it has had to cut its exports of energy to prolong its own viability. This is not nationalistic, it is realistic.

Politically, we had a new federal election and reelected the Liberal party with a large majority. The government now has the power but has done nothing to effectively control rampant inflation and seems to have assisted the economy into a depression. This may be true of other countries as well, but nowhere is it more evident than in Canada's most westerly province of British Columbia. Here we have elected a Socialist government with no experience in power. In bold, irrational and irreversible "orders in council," it has taken over dead and dying industries, thus saddling our taxpayers with ever increasing burdens. It has been the joke of the year to offer failing industries with international commitments and liabilities for sale to the government and foolishly to have them bought by this government.

We used to call it Welfare, but now it is called the Department of Human Resources. The premier of the province was a social worker and the minister of this department is a social worker. This minister has stated publicly that everyone is entitled to a living wage and is not obliged to work. His first bill to the government from his department was more than a hundred and twenty million dollars over the approved estimate and it is likely to go still higher.

We are crippled with strikes, particularly in public services and we as

the public are expected to endure endless inconvenience and economic loss since the government will not legislate unions back to work even in the public sector. In Canada firemen go on strike, and cities burn; police go on strike and crime expands; grain handlers tie up our ports, but no government action follows. Currently, in British Columbia, salaried physicians are forced to belong to a mixed professional union (though lawyers and nurses were allowed out) and any talk of working to rule by these physicians is treated more like treason than a means of obtaining a representation by their own medical society.

Oil is nationalized, and gas, transportation, insurance and health care are all exclusively government controlled. A colossal health centre faculty is in progress of being constructed, with laymen in superboards over further superboards who decide what, when, where and how medical care shall be available to the populace. No medical man is on this superboard and none is wanted. This costly bureaucratic tower of chaos will not now disappear even with a change of government.

Morally, we are a disgusting example of how low human beings can become when respect for human life is gone. We have a national law setting up abortion boards that must rule on each case when the health of the mother is at stake, and they may authorize an abortion. That is the law. But here in British Columbia these committees either do not exist or do not function under the law. In effect, abortion is on demand from conception till late mid-trimester, for no more reason than that the pregnancy is unwanted. We were horrified by human experimentation in Nazi Germany, but here in Vancouver, B. C., live fetuses are studied experimentally. None of this has ever had a public enquiry or investigation. The law is ignored with impunity.

In Canada, our abortion rate is rising by 10% annually. In British Co-

lumbia, the abortion rate was 26.7 per 100 live births. Our largest metropolitan hospital aborts more infants than it delivers and thus does not have enough normal maternity for teaching purposes. As a result, it must send its interns for training to the few "small hospitals" where abortions are not done, and maternity service is running at 125% of capacity. This unhappy situation, from the point of view of those in charge of creating this British Columbia Medical Centre, will be "corrected" by taking over these other hospitals or making them accept cases for abortion.

If I sound angry in this letter it is because I am an obstetrician, frustratingly trying to practice good obstetrics and promote respect for human life from conception till natural death. I need support from within and support from all the populace to help restore some sanity and morality to this diminishing specialty. The doctors who do abortions are relatively few but they do large volumes and are very vociferous, thus appearing to speak for the majority (the silent majority) of the profession.

Euthanasia is not yet legal, but it undoubtedly is already occurring and is our current battlefield.

In this province there remain only seven Catholic hospitals and, of these, only one still maintains an obstetrical department. The role that the Catholic hospitals repeatedly set for themselves in serving the general public and preserving the moral status has been abrogated. This probably has largely been due to economic pressure from the government which pays the bills under hospital insurance; but no doubt, many an administrative board of a Catholic hospital is relieved that it is no longer in a position of having to make decisions that involve the morals of abortion and sterilization. However, it leaves the public, whom these boards claim to serve, with no security that their human dignity will be preserved by being a patient in a Catholic hospital.

I see no easy solution to this situation I find myself in but this is what I feel I must do: motivate the silent majority to participate, to stand up and be counted as individuals. Join other Pro-Life groups and Christian societies to help them in their goals. Speak against, write against and oppose all existing attacks on human dignity, while trying to demonstrate that this dignity flows from the nature of man as a creature of God.

I must gird myself for this struggle with spiritual renewal of prayer and the sacraments. I must show by example that good moral medicine is superior to pragmatic, amoral and immoral medicine. Here in British Columbia, especially, I need the support of my colleagues, both Catholic and non-Catholic. I need ecclesiastical direction and leadership. Toward this end, I have accepted the presidency of the Catholic Physicians Guild of British Columbia. I hope my next "Letter from Canada" will be more optimistic and bright.

**J. B. Costello, M.D.**  
**Vancouver, B. C.**

### **Letter from New Zealand**

It has been a momentous, and at times depressing, year. If one did not have the theological virtue of hope one might be tempted to give up the struggle and let the forces of secular humanism take over and destroy themselves. But at the same time they would destroy our civilisation, many of our children would lose the faith, the Church would be persecuted once again, and Medicine would reject its loving role in favour of science, power and political manipulation. We have no alternative but to fight on for justice, encouraged by the great mass of good people in society.

The Pope emerges as a man of courage and holiness, patiently wearing his "crown of thorns" — those clerics (and doctors) who are unfaithful to Christ's Vicar. My participation in the Los Angeles meeting of the National Federation of Catholic

Physicians Guilds confirmed that there is a large solid core of good men in the profession, even if they are more silent than one would wish.

Here in Auckland we have seen the opening of the first full-time abortion clinic. It is supported by all the predictable humanist doctors and lawyers, and also by the Family Planning Association. (Who still believes that contraception is diametrically opposed to abortion?) The clinic has a turnover of 2,000 cases a year at \$US120 each, all done by suction curettage on a day-care basis. The complications are rolling in at the public hospitals, which surprisingly rarely see the alleged complications of "backstreet" abortions which the clinic was designed to eliminate.

The Police have raided the clinic and seized patients' files. The clinic has appealed to the Supreme Court, and succeeded on the grounds that the search warrant was defective in its wording. Other cities are ready to open similar clinics when the legal situation is clarified.

The Society for the Protection of the Unborn Child has had good support but at the moment the battle is going against us. The U.S. Supreme Court decision last January was a serious blow to pro-life forces in every country.

We have launched a Family Rights Association which has a broader basis than being simply anti-abortion. It aims to protect the family from the many attacks on it, and defends childbearing, heterosexual marriage, fidelity, financial support, housing, education, decent entertainment, etc. It promises to be a strong and important body.

In August I went to the World Population Conference in Bucharest, partly sponsored by the U.S. Coalition for Life, which demonstrated once again the unique American generosity and largeness of vision which no other country has ever equalled. I presented

a paper entitled "Population Optimism" which argued that the term population "explosion" is unscientific and hysterical. Its supporters all exhibit certain psychological characteristics — depression, xenophobia and misanthropy. The consequences of falling birth rates have not been fully realised, yet they can be disastrous to a country's life, as Romania itself had found. If a society is not dying there is no escape from growth. We can confidently leave the future of the world to two energy sources which have never failed since the beginning of the world — the genius of man and the providence of God.

Natural Family Planning has formed a national body and has sought affiliation with the International Federation of Family Life Promotion organised by Dr. Claude Lancot. Progress is steady, but slow. Contraception is a cultural feature of New Zealand life. Along with Australia we have the world's highest acceptance of oral contraception (OC) — about 50% of all childbearing women.

I have just completed a clinical survey (in press) of 600 personal patients using NFP during the past 20 years. The total pregnancy rate was 4.7 per 100 woman-years (patient failures 2.0, method failures 2.7). There is no doubt that with newer methods of ovulation detection, and with intercourse limited to the postovulatory days, failure rates of less than 1 per 100 woman-year can easily be achieved.

It is probable that dissident priests and doctors who reject *Humanae Vitae* and recommend to their penitents or patients either OCs or IUCDs are unaware of the reliability of NFP, of the high failure rates of OSs and IUCDs, or of the serious hazards involved in their use.

**H. P. Dunn, M.D.**  
122 Romuera Rd.  
Auckland, New Zealand